



Tripler Joint Venture Update

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Agenda



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- Overview of the Sharing Initiative
 - Where we are today?
 - Goals
 - Progress to date
 - 5 Things We Do Well
 - 5 Things We Need
 - Lessons Learned
 - Contact Information



Overview

- Designated in July 1991 as a Joint Venture site
- VA Pacific Island Health Care system relocated to the Tripler Campus in 2000, following 5 years of construction
- 5 year Master Sharing Agreement signed in 2002—expires Dec 2007
- Annual Reimbursements for all services between agencies exceed \$13M/year
- Designated NDAA 2003 DEMO Site for Budget and Finance
- Actively participate in Joint Incentive Fund



DoD/VA Joint Venture History





Overview (Con't)

Goals:

1. Construct Ambulatory Care Center
2. Maximize use of State Veteran Home at Hilo
3. Jointly explore creative ways to provide additional support at marginal cost. Potential new sharing initiatives include:
 - TAMC becoming 'prime vendor' for PIHCS
 - PIHCS embedding specialists into TAMC for stability of service
 - Simplifying MSA
 - Creating joint venture policies
 - 4 new JIFs being developed for FY2007 Data Call
 - Create sub acute unit
4. Streamline manual administrative processes



Progress to Date



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- CAD/CAM Orthotics ('04 JIF)
 - Dialysis Unit operated by PIHCS ('05 JIF)
 - Pain Management ('05 JIF)
 - Opened PRRP unit (2006)
 - VAPIHCS Hospitalist and Ophthalmologist embedded into TAMC staff
 - Incorporated provisions to support GME into reimbursement methodology
 - Last year of the DEMO Project (ends Sept 07)



5 Things We Do Well



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1. Patient-centered focus
 2. Joint Incentive Projects
 3. Open and frank communications;
agree to disagree
 4. Thinking outside the box
 5. Focus on the mission



5 Things Needed

- Capability to use barter
 - Current policies and procedures restrict win-win
- Streamline administrative processes
 - Intensive manual efforts are currently required
- Unified IT support
 - Supports data gathering and decision making
- Simplified JIF proposals
 - Concept papers in Phase I; Business Case Analysis in Phase II
- Reimburse DOD by use of VISTA FEE
 - Requires EFT vs. IPAC



Lessons Learned

Fee System Workload Capture - DFAS does not permit VA to pay using EFT

- Defense Finance & Accounting Service (DFAS) requires use of the Intra-governmental Pay and Collection System (IPAC) for VA to reimburse DoD for services.
- Results in payments outside of the VA's FEE system.
- VISTA FEE can pay using electronic fund transfer (EFT) or credit card, but not IPAC.
- IPAC is the "preferred method" of payment between governmental agencies.
- For VAPIHCS, non-VA workload constitutes 40% of their annual budget or approximately \$40 million.
- For VA/DoD joint ventures to succeed, a standardized solution needs to be reached and implemented.



Lessons Learned

Improvements in Consult Management and Appointing/Creation of the VA Referral Center

- The need was to decrease unauthorized workload, to provide clinical review of the consultation to ensure completeness, and to track consults
- Assets (3+FTE) were dedicated to process consults and appoint VA patients. These assets were co-located with the Utilization Management staff (2 FTE).
- Result was a reduction in unauthorized care, improvements in timeliness and tracking of authorizations and ease in the coordination of patient care



Lessons Learned

Joint Ventures are not for the Timid



